Huron County Health Department



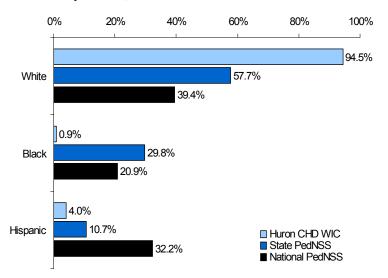
2003 WIC Local Agency Pediatric Nutrition Surveillance System (PedNSS) Report

The goal of Michigan WIC is to improve the health outcome of low income nutritionally at-risk women and children by providing supplemental nutritious foods, offering nutrition education/counseling, breastfeeding support, and referral to other health and social services. This report is developed to provide specific local information regarding the health and nutritional status of WIC participants. In order to provide local statistics stratified by age and race/ethnicity, three-year averages were calculated for each health indicator. Consequently, point estimates represent the incidence or prevalence of an indicator between the years 2001 and 2003. Trends were constructed using rolling averages and cover the period between 1998 and 2003.

In 2000, there were, 36,079 residents in Huron County and 5.5% of those residents were under the age of five years old. On average, 13.9% of infants and children under the age of five years old lived below poverty in 2000. Huron County Health Department WIC (Huron CHD WIC) agency provided service to 965 of the children served by Michigan WIC in 2003. Data about children participating in Huron CHD WIC between 2001 and 2003 showed:

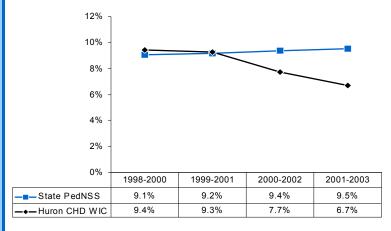
- 6.7% of WIC participants were low birthweight infants and another 13.2% were high birthweight infants;
- 8.1% of infants and children under two years old were short in stature;
- The prevalence of underweight was 4.0%;
- One in ten children two to five years old were overweight;
- 15.6% of infants and children under five years old had iron deficiency anemia;
- Less than half of infants (43.9%) were ever breastfed.

Figure 1. Racial/ethnic distribution among infants and children under five years old, 2001-2003 PedNSS



The majority (94.5%) of Huron CHD WIC infants and children under five years old were non-Hispanic White. Consequently, this report will not show statistics for health/nutritional indicators stratified by race/ethnicity.

Figure 2. Local and state trends in **low birthweight*** among infants in the Huron CHD WIC Agency, 1998-2003 MI PedNSS



The trend of low birthweight among infants of Huron CHD WIC decreased by an average of 10.5% per year.

The average annual percent increase of infants ever breastfed among participants of Huron CHD WIC and Michigan WIC was 1.8% and 1.6% per year.

Figure 3. Local and state trends in **ever breastfed** among infants in Huron CHD WIC. 1998-2003 PedNSS

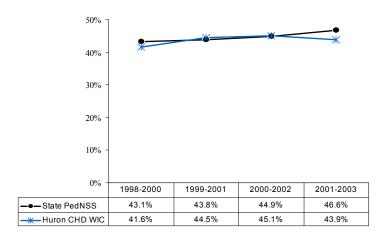
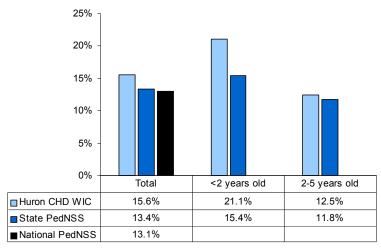


Figure 4. Average prevalence of **iron deficiency anemia*** by age among infants and children under five years old, 2001-2003 PedNSS



In Huron CHD WIC, one in five infants and children under the age of two years old had iron deficiency anemia.

*For infants under the age of one year, iron deficiency anemia is defined as having either a hemoglobin concentration of 11.0 g/dL or a hematocrit level of less than 33%. For children two to five years old, iron deficiency anemia is defined as having either a hemoglobin concentration less than 11.1 g/dL or a hematocrit level below 33.3%.

^{*}Low birthweight is defined as having a birthweight less than 2500 grams (5lbs 9 oz) regardless of gestational age.

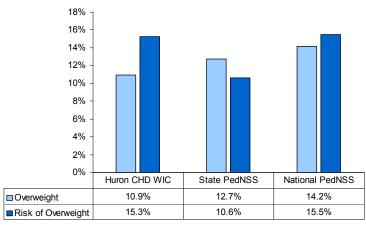
Figure 5. Trend in **short stature*** by age group among infants and children under five years old, 1998-2003 MI PedNSS

There was an observed increase in the prevalence of short stature among Huron CHD WIC children two to five years old.

10% ¬				
9% -	<u> </u>			_
8% -		_		
7% -	•—			•
6% -	*	*	Ж	 *
5% -				
4% -				
3% -				
2% -				
1% -				
0% -				
	1998-2000	1999-2001	2000-2002	2001-2003
State PedNSS	7.4%	7.5%	7.4%	7.2%
	6.1%	6.1%	6.1%	5.7%
—▲—<2 years old	9.1%	9.3%	9.2%	8.1%
——2-5 years old	2.8%	2.5%	2.7%	3.2%

^{*}Short stature is defined as having a height-for-age below the 5th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

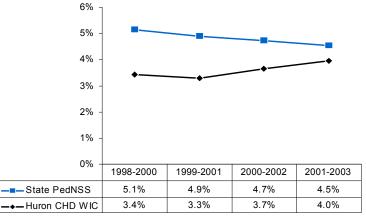
Figure 6. State and local average prevalences of **overweight** * and **risk of overweight** * among children two to five years old, 2001-2003 PedNSS



A quarter of children two to five years old in Huron CHD WIC were either overweight or at risk for overweight.

The average annual percent increase in underweight among infants and children under five years old of Huron CHD WIC was 5.1% per year.

Figure 7. Local and state trends in **underweight*** among infants and children under five years old, 1998-2003 PedNSS

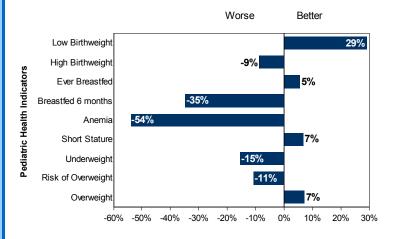


^{*}Underweight is defined as having a weight-for-height less than the 5th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

^{*}Overweight is defined as having a weight-for-height greater than the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

^{**}Risk of overweight is defined as having a weight-for-height between the 85th and the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender

Figure 8. Pediatric **health progress review** for Huron CHD WIC infants and children under five years old, 1998-2000 and 2001-2003 MI PedNSS



1998-2000 to 2001-2003 Percent Change

Improvement are necessary in the areas of iron deficiency anemia and breastfeeding duration.



Jennifer M. Granholm, Governor

Ja net Olszewski, Director

Suggested Citation:

Larrieux C, Eghtedary K, Grigorescu V, Carr A. "2003 WIC Local Agency PedNSS Report Huron County Health Department." WIC Division, Bureau of Family, Maternal, and Child Health, Michigan Department of Community Health. April 2007.

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Michigan Department of Community Health

WIC Program

Mission Statement

The mission of the Michigan WC program is to improve the health outcomes and quality of life for eligible women, infants, and children by providing nutritious food, nutrition education, breastfeeding promotion, and support and referrals to health and other services. To this end:

- Delivery of services and supports are to be provided in a caring, respectful, efficient, and cost effective manner.
- Delivery of services shall be provided in a culturally competent and confidential manner.
- The WICProgram shall assure the broadest possible access to services, supports, and food.

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